

Missouri Department Of Mental Health

Presents

**From Research to Practice:
Spring Training Institute**

Fanning the Flames of Burnout

*How Your Treatment Philosophy Can
Save or Extend Your Career*

with

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PHILOSOPHY, RESEARCH, AND PRACTICE

Philosophy

All practitioners have underlying philosophies about how people change, mental illness, diagnoses, etc. The impact of philosophy on change processes is enormous. Begin by having a willingness to continually reexamine what you believe and the role that your beliefs have on the processes and practices you employ in your services

An acronym to remember:

H.O.P.E.

H – Humanism

O – Optimism

P – Possibilities

E – Expectancy

Research

What is the empirical justification for the ways in which you practice? Numerous questions have resulted from 40 years of outcome data. What we can conclude at this point in time is that the majority of change that occurs in therapy is the result of client contributions. Further, collaboration is a key to success. The more favorable clients' views of the therapeutic relationship and the more they are involved in therapeutic processes (alliance) the more likely they are to benefit from services. Collaborative therapists explore ways of including, not excluding, clients.

Practice

Are the processes and practices (i.e., methods, models, and techniques) that you employ in everyday practice consistent with your philosophy? Are they supported by research? There should be consistency with your philosophy and what the data indicates contributes to successful outcomes.

PROMOTING CHANGE THROUGH COLLABORATION

1. Clients As Agents of Change

- Clients are the most important contributors to outcome
- Ask, “Who is the person?” (Must go beyond the information of psychosocial assessments, diagnosis, etc. and really “see” who clients are)
- Not the “hidden gem theory”
- Long-term change is correlated with attribution—internal locus of control

2. Honoring the Therapeutic Relationship and Alliance

- The therapeutic relationship *is* treatment
- Client ratings of the relationship are the *most* consistent predictor of improvement
- The strength of the therapeutic bond is not highly correlated with the length of treatment.
- The therapeutic alliance is a more encompassing term that emphasizes a collaborative partnership that includes preferences, goals, and methods for accomplishing those goals

3. Clients’ Orientations and Theories as Guides to Change

- Orientations – Both problems and solutions can be influenced by family, social relationships, genetics, biology, cognition, culture, race, society, gender, religion/spirituality, economics, etc.
- Theories—ideas about how positive change may come about

4. A Change Orientation

- The average length of time that clients attend treatment is 6-10 sessions
- All large-scale meta-analytic studies indicate that the most frequent improvement occurs early in treatment

5. Directions, Goals, and Outcomes

- One of the best predictors of negative outcome is a lack of structure in therapy
- Goals are malleable and may change from session to session
- Outcomes are distinguished from goals in that they indicate the impact of services provided, from the perspective of clients, on major areas of their lives (i.e., individually, interpersonally, socially, etc.)

6. Expectancy, Hope, and Placebo

- Most begin therapy and/or services with the expectation that it will help. Hope accompanies this expectation
- The presence of hope can make a significant difference in how people deal with stress, difficulty, and problems
- Placebo relates to the effect that therapy or some aspect of it can have on client improvement simply because clients *and* practitioners believe in its healing or change properties

7. Means and Methods

- All therapy approaches involve the use of methods and techniques
- The effectiveness of methods and techniques is highly contingent on the degree to which they match adolescents’ and others’ ideas about their concerns or problems and the means and/or methods necessary to resolve them

Adapted from:

Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

Bertolino, B., & O’Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn & Bacon.

FOUR PATHWAYS TO IMPOSSIBILITY

Just as clients can become stuck by viewing their situations as impossible and unchangeable, professionals can fall into the same trap. Below are four pathways that practitioners need to guard against in order to be helpful to their clients.

➡ **Anticipation of Impossibility**

Through language, diagnosis, and descriptions practitioners can create *problems* or situations that are unsolvable and suggest impossibility. When mental health professionals anticipate impossibility they often begin to label their clients as resistant, unmotivated, and unwilling to change. This is evidenced through practices that inhibit change as opposed to promoting it.

➡ **Theory Countertransference**

Inherent to assessment procedures and therapeutic methods are ideas that can close down pathways of possibilities. While traditions are important in all human pursuits, they can also inhibit change and even have damaging consequences. Theory countertransference represents clinicians' loyalties to theoretical constructs. Unfortunately, some practitioners are convinced that the observations they make during the assessment process are "real" and objective. They are certain they have discovered *real* problems. In its strictest, technical meaning, countertransference refers to an emotional, largely unconscious process, taking place in the therapist and triggered in relationship to the client, that intrudes into the treatment. A similar process of projection can take place in the theoretical realm, with the therapist unconsciously intruding on the client with his or her theoretical biases and unrecognized assumptions. It's important that therapists are aware of how their theoretical constructs influence the content, process, and direction of therapy. Truly, therapists will have ideas, thoughts, and theories. The same is true with clients, outside helpers, and so on. Clients' points of view must be acknowledged from the start of therapy and throughout the process or the situation can close down quickly. The premise here is to remain in collaborative relationship where clients' theories are honored.

➡ **Practitioners Repeating Unhelpful Methods, Techniques, and Practices**

Oftentimes practitioners fall into the habit of repeating methods even though they fail to facilitate positive results. They do more of the same despite the fact that what they are doing is not effective. Once again, when clients do not respond favorably to clinicians' preferred methods they are sometimes considered resistant, not ready to change, and so on. Keep in mind that it's practitioners who fall in love with methods, not clients.

➡ **Inattention to Clients' Motivation**

The single best indicator of outcome is the client's participation in therapeutic processes. Too often practitioners work on their goals and what they want to see change as opposed to tuning into clients' ideas. It is not an issue of whether or not the client is motivated. The question is: What the client is motivated for?

ATTENDING TO AND ALTERING PRACTITIONERS' PATTERNS

Most change occurs early on in treatment. Therefore, if things are not improving or are deteriorating with clients, or if as a practitioner you are stuck, there are several ways that can help in becoming unstuck. A first way is to ask clients questions related to their conversational and relational preferences. Find out what their perceptions are of what is working and what is not. It is not uncommon for clinicians to get stuck in repeating unhelpful patterns that are unnoticeable to them. Here are some questions that can assist with this process:

- How has the way that we've worked toward resolving your concerns been helpful to you?
- What specifically has been helpful?
- How has the way that we've worked toward resolving your concerns been unhelpful to you?
- What specifically hasn't been helpful?
- What, if anything, should I do differently?
- What else, if anything, should I do differently?
- What if anything have I not done, that I should be doing?
- What difference might that make for you for me to do that?
- What do you think I've missed about your situation?
- What do you think I've not understood about you or your concerns?

It's important to note that at times practitioners may feel or think that they are working with clients in ways that are completely ineffective or are being unhelpful. In such cases, what we need to remember is that clients often have different perspectives. For example, in an effort to get things going in a better direction, some clinicians will make changes based on "gut feelings." However, therapists' ideas and internal guidance systems about what needs to change may or may not be consistent with clients' views. The best way to determine what is working, what is not, and what needs to change is to ask clients about their perceptions and preferences.

When clients provide little or no feedback about conversational and relational preferences or when a therapist remains stuck, a second possibility for attending to and altering therapist patterns is to videotape sessions. Because therapists don't always recognize when they are working in ways that are helpful or unhelpful, taping can reveal aspects of sessions that therapists might not otherwise remember. Once a tape has been made, the therapist reviews the tape and considers some of the following questions:

- What did I do well?
- How do I know it was helpful to the client?
- What should I consider doing more of in the next session?
- What should I consider doing differently in the future?
- What changes should I consider making in the next session?
- What difference might that make?

By reviewing a videotaped session the therapist can watch the therapeutic discourse unfold from a different position. This can help to generate new ideas and possibilities for future sessions. Another tack that can be helpful is to get a "second perspective" from another colleague or supervisor. Using the same or a similar set of questions, the person offering the second perspective can help to generate other idea about what might be helpful in future sessions.

Sources:

Bertolino, B. (in press). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

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